

# **Application Data Sheet**

## **Application Information**

Application number::

Filing Date:: April 9, 2004

Application Type::

Subject Matter::

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: AMINOALKYL-SUBSTITUTED AROMATIC  
BICYCLIC COMPOUNDS, METHODS FOR  
THEIR PREPARATION AND THEIR USE AS  
PHARMACEUTICALS

Attorney Docket Number:: 38005-0194

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?::

Petition Type::

Licensed US Govt. Agency::

Contractor Grant Numbers::

Secrecy Order in Parent Appl.?::

## **Applicant Information**

Applicant Authority Type::

Primary Citizenship Country:: Germany

Status:: Full capacity

Given Name:: Lothar

Middle Name::

Family Name:: Schwink

Name Suffix::

City of Residence:: Stadtallendorf

State or Province of Residence::

Country of Residence:: Germany

Street of mailing address:: Am Hintertor 2

City of mailing address:: Stadtallendorf

State or Province of mailing address::

Country of mailing address:: Germany

Postal or Zip Code of mailing address:: 35260

Applicant Authority Type::

Primary Citizenship Country:: Germany

Status:: Full capacity

Given Name:: Siegfried

Middle Name::

Family Name:: Stengelin

Name Suffix::

City of Residence:: Eppstein

State or Province of Residence::  
Country of Residence:: Germany  
Street of mailing address:: Sachsenring 27

City of mailing address:: Eppstein  
State or Province of mailing address::  
Country of mailing address:: Germany  
Postal or Zip Code of mailing address:: 65817

Applicant Authority Type::  
Primary Citizenship Country:: Germany  
Status:: Full capacity  
Given Name:: Matthias  
Middle Name::  
Family Name:: Gossel  
Name Suffix::  
City of Residence:: Hofheim  
State or Province of Residence::  
Country of Residence:: Germany  
Street of mailing address:: Im Lorsbachtal 17a

City of mailing address:: Hofheim  
State or Province of mailing address::  
Country of mailing address:: Germany  
Postal or Zip Code of mailing address:: 65719

Applicant Authority Type::  
Primary Citizenship Country:: USA  
Status:: Full capacity

Given Name:: Armin  
Middle Name::  
Family Name:: Walser  
Name Suffix::  
City of Residence:: Tuscon  
State or Province of Residence:: Arizona  
Country of Residence:: USA  
Street of mailing address:: 5900 N. Camino Miraval

City of mailing address:: Tucson  
State or Province of mailing address:: Arizona  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 85718

Applicant Authority Type::  
Primary Citizenship Country:: USA  
Status::  
Given Name:: Gerard  
Middle Name::  
Family Name:: Rosse  
Name Suffix::  
City of Residence:: Oro Valley  
State or Province of Residence:: Arizona  
Country of Residence:: USA  
Street of mailing address:: 11495 N. Ingot Loop

City of mailing address:: Oro Valley  
State or Province of mailing address:: Arizona  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 85737

## **Correspondence Information**

Correspondence Customer Number:: 26633

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number::

Fax Number:

E-Mail address::

## Representative Information

Representative Customer Number::	26633	
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- OR -

Representative Designation::	Registration Number::	Representative Name::

## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
	Divisional	10/218,034	August 14, 2002

## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
Germany	10139416.0	August 17, 2001	YES



## **Assignee Information**

Assignee name:: Aventis Pharma Deutschland GmbH

Street of mailing address::

City of mailing address:: Frankfurt am Main

State or Province of mailing address::

Country of mailing address:: Germany

Postal or Zip Code of mailing address:: 65929